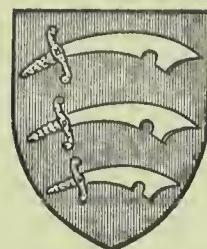


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COUNTY COUNCIL OF ESSEX



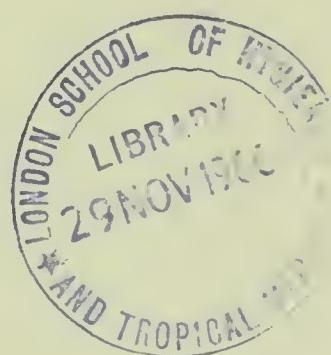
ANNUAL REPORT

OF THE

Principal School Medical Officer

FOR THE YEAR

1965





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PREFACE

COUNTY HALL, CHELMSFORD
September, 1966

To the Chairman and Members of the Education Committee

Madam Chairman, Ladies and Gentlemen,

I have pleasure in presenting my Annual Report as Principal School Medical Officer for the year 1965.

As a result of the London Government Act, 1963, the year under review has seen not only a reduction of the Administrative County both in area and population but an alteration to the boundaries of the Mid-Essex Division and the establishment of new Divisions for West Essex and Thurrock. Whilst these changes have not materially altered the functions of the School Health Service, any comparison of the figures for this year with those for previous years is of doubtful value. I should like to record here that owing to the scheme of Divisional Administration and the correlation of Divisions and Health Areas the change over which took place on 1st April, 1965, was effected with minimum disturbance to staff and children.

This report, which includes the report of the Principal School Dental Officer has, as in previous years, been prepared on the basis of draft material submitted to me by the Divisional School Medical Officers and other senior members of the staff of the Department who are concerned particularly with the School Health Service.

The health of school children in Essex, as indicated by the results of school medical inspections, continues to be good and less than 1 in 1,000 of those inspected were found to be physically unsatisfactory. Fourteen out of every 15 children inspected were found to be free from defects requiring treatment.

The experimental schemes of selective school medical examinations continued in Harlow and to a greater extent in Colchester and the North-East Essex Division, where in both latter instances the scheme has been extended to cover a greater number of schools.

The object of selective school medical examinations is to ensure that any child, whose condition from physical, emotional or mental cause is such that the child is failing to make satisfactory progress, will be provided with continuing attention from the School Medical Officer. It is of course essential to the value of such schemes that there should be a complete understanding as to their purpose and thereafter such co-operation between parents, teachers, doctors, nurses and welfare staffs as will provide the right answer in the interests of the child.

I should perhaps emphasise that there is nothing new in this procedure and that in addition to Essex a number of other local education authorities have been operating the method of selective medical examinations for varying periods and generally appear to be enthusiastic about the results.

An event which I consider worthy of particular mention is the implementation of a long-awaited audiology service which commenced in association

with the North-East Metropolitan Regional Hospital Board towards the end of the year. Clinics were opened in Chelmsford, Colchester and Rayleigh but it is anticipated that growing demand for the facilities provided will eventually lead to an increase not only in the number of sessions at these clinics but the establishing of clinics in other Divisions. Further details of the service and observations thereto by the respective Divisional School Medical Officers are quoted elsewhere in this report.

It will be seen from the Report of the Principal School Dental Officer that the School Dental Service, despite staffing difficulties, has continued to provide a very useful service to school children. I would especially draw attention to the paragraph in the Report on "Dental Ancillary Workers" from which it will be seen that the five-year experiment is now finished and the report of the General Dental Council is awaited as to the usefulness of this type of worker in the School Dental Service.

The Five-Year Dental Health campaign in Harlow was finally terminated during the year though the final inspections relating to the campaign were carried out early in 1966. Armed with the experience gained, a similar campaign, to which the Principal School Dental Officer refers in his report, has been initiated in schools in the Chigwell area. It will be appreciated that to ensure the success of these campaigns it is necessary for the children concerned to be continually "followed up" if any permanent good is to result.

I would like to tender my thanks to the Psychologist to the Education Committee, the School Meals Organiser and the Senior Organiser in Physical Education for their comprehensive reports for inclusion in this Report, to Senior Peripatetic Teachers of the Partially Hearing for their contributions and to the Chief Constable for the information he has given on road accidents to school children. From the last-named it will be seen that there is a very great need for children to receive education in accident prevention.

To conclude, I once again have pleasure in recording my thanks to the Education Committee for their welcome consideration and support throughout the year, to the Chief Education Officer and his staff for their co-operation and to my staff and all others who have assisted in any way with the School Health Service.

I am, Ladies and Gentlemen,

Your obedient Servant,

J. A. C. FRANKLIN

Principal School Medical Officer

County Council of Essex
EDUCATION COMMITTEE
(as at 31st December, 1965)

Chairman : Alderman Mrs. E. Coker, B.Sc.

Vice-Chairman : Alderman Brigadier J. T. de H. Vaizey

COUNTY COUNCIL MEMBERS

Aldermen :

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Sir William Bennett,	G. E. Rose, J.P.
C.B.E., D.L., J.P.	W. A. Sibley
K. E. B. Glenny, O.B.E.	H. R. Turner
	S. S. Wilson, O.B.E., J.P.

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Brigadier T. F. J. Collins, C.B.E.	C. Lehane
J. L. M. Crofton	A. C. Mason
D. H. Crosfield, J.P., M.A.	T. R. Mott
G. C. S. Curtis, O.B.E.	E. G. Perry
J. E. Daniels	Mrs. B. C. Platt
F. J. Davis	W. C. Redbond
R. W. Dixon-Smith	F. L. Ridgwell
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Mrs. M. E. Edwards	Mrs. D. M. M. Stieber
H. Gochin, J.P.	J. E. Tabor, O.B.E., M.A.
Mrs. M. Gray	Mrs. E. M. Tuck
F. H. Hodgson	D. V. Wilson
F. W. Hyde	W. R. Wright
A. Jones, M.B.E., J.P.	

REPRESENTATIVES OF DIVISIONAL EXECUTIVES

I. T. Brown	D. J. Maidment
D. W. Day	A. C. Moles
A. T. Dove	R. B. Morgan
J. Fletcher	W. A. Nichols, J.P.

REPRESENTATIVES OF UNIVERSITIES

F. C. C. Edmonds, M.A.	G. H. R. Newth, M.A.
H. Marriot, D.Eng., B.Sc.	E. Rudd, B.Sc., Ph.D.

PERSONS OF EXPERIENCE IN EDUCATION

The Venerable A. V. G. Cleall	P. S. Powell
J. W. Gofton, O.B.E.	The Rev. F. J. Saurin
L. F. Grant, O.B.E.	L. S. Webb
The Rev. Canon M. M. Martin	

REPRESENTATIVES OF TEACHERS

J. W. Barltrop	Miss M. E. Heald
Miss M. A. L. Colleer	D. T. Meyrick
R. F. Ellis	

STAFF OF THE SCHOOL HEALTH SERVICE

(as at 31st December, 1965)

CENTRAL OFFICE

Principal School Medical Officer:

J. A. C. FRANKLIN, M.B., B.S., D.P.H

Deputy Principal School Medical Officer:

R. D. PEARCE, M.R.C.S., L.R.C.P., D.P.H.

Principal Medical Officer:

ELIZABETH M. SEFTON, M.R.C.S., L.R.C.P., D.C.H., D.P.H., L.M.

Principal School Dental Officer:

J. BYROM, L.D.S

Superintendent Nursing Officer:

Miss F. S. LEADER, S.R.N., S.C.M., Q.N., H.V.Cert.*

County Health Inspector:

S. E. WILLIS, M.A.P.H.I

Statistician:

W. H. LEAK, B.A., F.S.S

Health Education Organiser:

C. E. WILLIAMS

DIVISIONAL STAFF

Divisions

North-East Essex	.....
Mid-Essex	.....
South-East Essex	.....
Thurrock	...
West Essex	.....
Harlow	.....
Basildon	.....
Colchester	.....

Divisional School Medical Officers

JOHN D. KERSHAW, M.D., B.S., D.P.H
J. L. MILLER WOOD, V.R.D., M.R.C.S., L.R.C.P., D.P.H
D. A. SMYTH, M.B., B.S., C.P.H., D.P.H.
T. D. BLOTT, B.Sc., M.B., B.S., D.P.H.
I. G. YULE, M.B., Ch.B., D.P.H., D.C.H.
I. ASH, M. D., D.P.H
P. X. O'Dwyer, M.B., B.Ch., D.P.H
JOHN D. KERSHAW, M.D., B.S., D.P.H.

* Retired on 31st December, 1965.

Other Divisional Staff
(excluding staff employed by Regional Hospital Boards)

			Number employed	Aggregate of time given to School Health Service (in terms of whole-time officers)
School Medical Officers	.....	.....	49	21.13
Area Dental Officers	.....	.....	6	
Dental Officers	.....	.....	42*	30.70
Health Visitors/School Nurses	.....	.....	187	64.6
Nursing Assistants	.....	.....	21	9.74
Dental Surgery Assistants	.....	.....	43	32.80
Speech Therapists	.....	.....	14	10.10
Psychiatric Social Workers	.....	.....	9	6.54

* includes sessional officers

GENERAL STATISTICS

The Registrar General's estimate of population for the Administrative County at mid-year 1965 was 1,054,850 of whom approximately 148,900 were children of school age. (i.e. 5-15 years).

School Population Mid-year 1965

	Primary Schools	Secondary Schools	Total
North-East Essex	11,665	6,334	17,999
Colchester	6,902	5,228	12,130
Mid-Essex	22,840	13,483	36,323
South-East Essex	11,566	5,456	17,022
Thurrock	12,713	8,527	21,240
West Essex	13,838	8,234	22,072
Harlow	10,811	5,879	16,690
Basildon	14,390	7,117	21,507
Boarding Schools	—	678	678
Total 1965	104,725	60,936	165,661
*Total 1964	100,700	59,500	160,200

* These are approximations after deducting those former parts of the County which now comprise the London Boroughs of Barking, Havering, Redbridge and Waltham Forest.

Number of Schools

Primary Schools	...	...	...	...	...	...	466
Secondary Schools (including grammar schools)						...	110
Technical and other Colleges	...	...	...	...	...	...	10
Nursery Schools	...	...	...	...	...	...	2
Special Schools for handicapped children				...	...	...	14

Distribution of Special Schools

The 13 Special Schools in the Administrative County (excluding Notley Hospital School) cater for handicapped pupils in the following way :—

Category of handicapped pupil	Divisional Executive	Day Schools	Residential Schools	Sex	Accommodation
Educationally subnormal	Colechester	1	—	Mixed	120
	Mid-Essex	—	1	Male	58
	Mid-Essex	1	—	Mixed	100
	Basildon	1	—	Mixed	132
	Thurrock	1	—	Mixed	120
	Thurrock	1	—	Mixed	75
	West Essex	—	1	Female	65
	West Essex	—	1	Male	120
	Harlow	1	—	Mixed	100
	Total	6	3	—	890
Maladjusted	N.E. Essex	—	1*	Male	45
	West Essex	—	1	Mixed	42
	Total	—	2	—	87
Delicate and/or physically handicapped	N.E. Essex	—	1	Mixed	90
	Thurrock	1	—	Mixed	100
	Total	1	1	—	190

* A second boarding school for 45 maladjusted boys was nearing completion at the end of the year and due to open in January, 1966.

Children in Hospital Special Schools at end of 1965

During 1965 the number of children admitted to the Notley Hospital School was 193 and the number remaining on the roll at the end of the year was 52.

Number of School Clinics

Minor ailments .....	.....	.....	.....	.....	.....	.....	.....	.....	52
Dental .....	.....	.....	.....	.....	.....	.....	.....	.....	45
Ophthalmic .....	.....	.....	.....	.....	.....	.....	.....	.....	20
Orthopaedic .....	.....	.....	.....	.....	.....	.....	.....	.....	3
Speech Therapy .....	.....	.....	.....	.....	.....	.....	.....	.....	54
Physical Medicine .....	.....	.....	.....	.....	.....	.....	.....	.....	5
Orthoptic .....	.....	.....	.....	.....	.....	.....	.....	.....	5
Enuresis .....	.....	.....	.....	.....	.....	.....	.....	.....	1

Further details are referred to in Appendix H.

MEDICAL INSPECTIONS

During the year ended 31st December, 1965, a total of 40,071 pupils were examined at periodic medical inspections and 15,664 at special inspections. It is not possible however to give comparable figures for the previous year as the Administrative County of Essex has materially altered in size and population as a result of the London Government reorganisation.

The alternative experimental schemes of selective medical examinations in Colchester continued to extend and Dr. Kershaw in his reports for Colchester and North-East Essex makes the following comments:—

Colchester. “Dr. W. H. Crichton is using the procedure in all the schools to which he is medical officer and Dr. Nora Johns, after a trial period in one school, is extending the scheme to all the schools for which she is responsible. I hope that during 1966 there will be a further extension because the system is showing promise and other medical officers are interested in it.”

North-East Essex. “During the year the use of selective inspection based upon teachers' reports and referrals and on a questionnaire to parents has been extended to cover about three times as many children. Co-operation from parents and teachers has been good. The slight drop in the proportion of questionnaires returned by parents is probably due to the fact that those parents to whom the forms were being sent for the first time were unsure of the usefulness of the system (in the original school used for experiment there was some lag period before the idea became familiar). The proportion of children subsequently inspected by the M.O.—100 out of 978 under consideration—is close to the figure for 1964—28 out of 319.”

FINDINGS AT MEDICAL INSPECTIONS

(See also Appendix A)

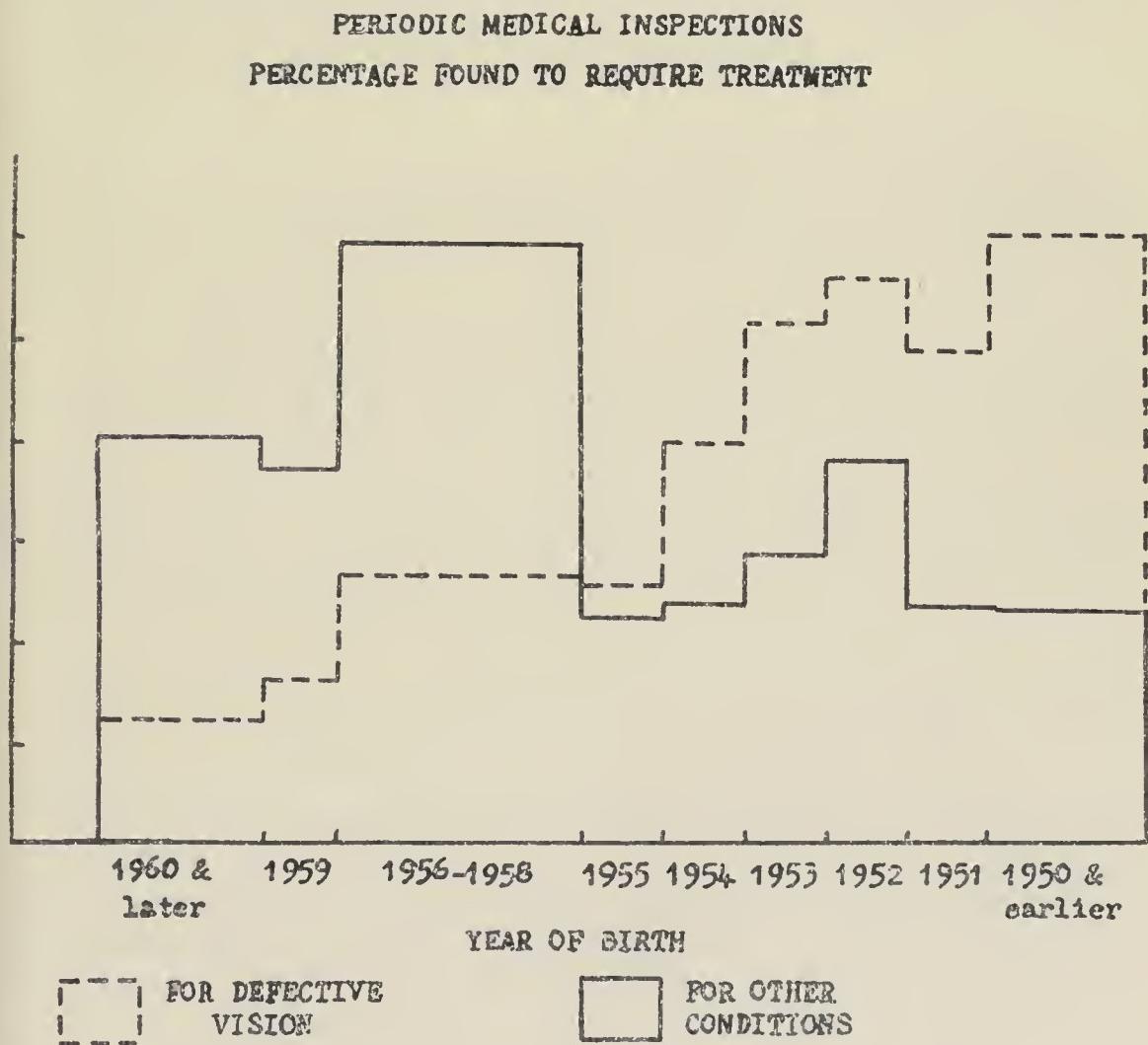
Physical Condition of School Children

The proportion of children found at medical inspection to be physically unsatisfactory was 0.09% (i.e. 38 out of 40,071 examined). This is a considerable improvement over the previous years, possibly due to the fact that the areas adjacent to London are no longer included. 37,445 of the children inspected, (93.7%) were found to be free from defects requiring treatment.

Periodic Medical Inspections : number of children with defects 1965

Age Groups Inspected (by year of birth)	Number of children inspected	Number of children with defects requiring treatment	Ratio of children with defects to children inspected
1961 and later	255	10	1 : 25.5
1960	5,810	299	1 : 19.4
1959	9,412	467	1 : 20.2
1958	1,302	88	1 : 14.8
1957	339	27	1 : 12.6
1956	207	30	1 : 6.9
1955	1,960	91	1 : 21.5
1954	6,054	365	1 : 16.6
1953	2,305	180	1 : 12.8
1952	827	74	1 : 11.2
1951	2,788	195	1 : 14.3
1950 and earlier	8,812	705	1 : 12.5

Note : These figures show as usual an increasing incidence of defects requiring treatment with age but with variations from age group to age group. The increase is associated largely with defective vision—as may be seen from the graph below.



Cleanliness Inspections

School nurses and other authorised persons carried out 172,963 individual examinations during 1965 and 648 pupils were found to be infested. Cleansing notices under Section 54(2) of the Education Act, 1944, were issued in 15 instances and three cleansing orders under Section 54(3) were served.

The proportion of children inspected and who were found to be infested was 0.37%, this being the same proportion as the previous year.

School Meals Service and School Milk Scheme

The Report on the School Meals Service and Milk in Schools Scheme will be found in Appendix G to this report and I should like, once again, to express my gratitude to the Chief Education Officer for his co-operation in this matter.

TREATMENT OF DEFECTS

(See also Appendix A)

Diseases of the Lungs

During the year under review 34 children examined at periodic medical inspections were referred for treatment because of defects of their lungs and a further 730 were referred for observation because of these defects. Of the 34, 16 were found on examination as school entrants, 9 at intermediate examinations (usually 10-11 years of age) and 9 as school leavers.

In addition, 94 children were examined at special inspections because of lung defects and of these 11 were referred for treatment and 83 for observation.

The special school for handicapped pupils at Clacton-on-Sea continued to admit those children with diseases of the lung whose disabilities were severe enough for them to be classified as handicapped pupils.

Heart Disease

Thirty-nine children examined at periodic medical inspection were found to require treatment for heart conditions and 491 were recommended for observation. At special inspections 34 children with heart conditions were seen, 7 being subsequently for treatment and 27 for observation.

Diseases of the Ears

Hearing. At periodic medical inspections during 1965, 108 children were found to have hearing difficulties requiring treatment, 69 as school entrants, 26 at the intermediate examination and 13 as school leavers. In addition, 598 were referred for observation.

Otitis Media—The number of children found at periodic medical inspections to require treatment because of otitis media was 39, and 362 were recommended for further observation.

Other. Only 14 children with other defects of the ear were found at periodic medical inspections to require referral for treatment and 132 were reported to require observation.

Orthopaedic Defects

Posture. Thirty-three children in all were found at periodic medical inspections to require treatment and 321 observation for postural defects.

Feet. There are still large numbers of children found with feet defects and in 1965 the number requiring treatment was 169, in addition, those referred for observation amounted to 1,103. Over and above this number found at periodic medical inspections, 28 pupils were recommended for treatment at special inspections and 74 to be kept under observation. It is interesting to note that

the largest number referred both for treatment and observation from the periodic medical inspections was in the new entrants to school, i.e. 108 for treatment and 569 for observation.

Other. Other orthopaedic defects noticed at periodic medical examinations totalled 75 for treatment and 855 for observation.

Skin Conditions

In 1965 a total of 1,486 children were found at periodic and special medical inspections to require treatment or observation because of skin conditions, 1,125 of these being found at periodic inspections.

Of this number 5 were found to have ringworm of the scalp and 3 were cases of impetigo.

Chiropody

As a result of London Government re-organisation the former Divisions which provided a chiropody service for school children have now ceded to the new London Boroughs. In Basildon, however, 143 children were seen at chiropody clinics during the year.

Minor Ailments

The following table shows the numbers of attendances made at Minor Ailment Clinics during the year under review :—

External and other eye diseases, excluding errors of refraction and squint	199
Diseases of the ear, nose and throat (non-operative treatment)	219
Skin diseases, excluding uncleanliness	1,243
Miscellaneous minor ailments (including enuresis)	1,803

Enuresis

The following is a report from Dr. I Ash, Divisional School Medical Officer, concerning the Enuresis Clinic operating in Harlow :—

"Treatment of enuresis started as an experiment but the clinic is now firmly established on a permanent basis.

One hundred and twenty eight children attended at Chadwick House and a summary of the cases and results of treatment is given below. Owing to shortage of medical staff there were 30 new cases awaiting treatment at the end of the year. It is hoped to commence one additional clinic a week early in 1966.

	<i>New Cases</i>	<i>Old Cases</i>	<i>Receiving further treatment after relapse</i>
Cured	13	16	2
Greatly improved	6	4	—
Improved	3	—	—
Slightly improved	1	—	—
Spontaneous recovery	3	—	—
Failed to continue treatment	14	5	1
Referred to Child Guidance Clinic	2	—	—
Still under treatment ...	43	3	12
Total	85	28	15

After unsuccessful controlled clinical trials of various drugs, the electric buzzer remains the best method of dealing with enuresis, although in about one third of the cases there is a relapse requiring further treatment."

Diseases of the Eye and Defective Vision

At periodic medical inspections during the year 4,415 school children were recommended for treatment or observation because of diseases of the eye or defective vision; of this total 3,777 were for defective vision.

Recuperative Holidays

During 1965, recuperative holidays were provided for 124 children by arrangements made through the School Health Service.

SPEECH THERAPY

The table below gives details of those children with special defects who were receiving treatment at the end of 1965 at speech therapy clinics provided by the County Council

Analysis of Children receiving Speech Therapy at the end of 1965

Speech Defect	Number of Children				Total
	Under 5 years of age	Attending Infant Schools	Attending Junior Schools	Attending Sec. Schools	
Delayed development, including aphasia	71	117	63	6	287
Defect of articulation	13	115	145	20	328
Stammer	9	10	40	44	107
Stammer and articulation defect combined	2	5	12	3	24
Defect associated with hearing loss	3	4	18	2	29
Disorder of voice	1	4	10	5	21
Unclassified	5	3	14	3	32
TOTAL	104	258	302	83	828

CHILD GUIDANCE SERVICE

In four of the five remaining Child Guidance Clinics, the number of referrals in 1965 increased over those for 1964. Details of the referrals are given later in this report.

The Clinic most affected by the re-organisation is that at Harlow, which is now responsible, not only for the Harlow Division, but also for the West Essex Division. The following is a copy of a report received from Dr. R. M. Gabriel, Medical Director of the Harlow Child Guidance Clinic:—

“The re-organisation of the County has had great influence on this clinic. During 1965 we began our new rôle of serving the children of both Harlow and West Essex. Naturally this has to be gradual but we are now taking cases from all parts of the area who can travel to Harlow. In a short time diagnostic services at least should be available at satellite clinics in Saffron Walden and Loughton. To prepare for these changes, fundamental changes were made in our internal administration which gave an opportunity to introduce more efficient methods.

Our establishment is gratifyingly full and it is good to note that personnel are showing an interest in working in, or getting to know this service. A student from the Younghusband Course has been in training here, supervised by one of our psychiatric social workers and it is planned to admit further students.

The volume of work carried out has increased and demands made on us will clearly continue to do so rapidly. It is therefore good to know that the Local Authority and the Regional Board have been sufficiently foresighted to grant establishment increases which if filled should enable us to keep pace with the calls on our services which come, not only from the School Health Service and family doctors but from a wide range of social agencies and from parents.”

The following extracts from the report of Dr. H. N. Davy, Medical Director to the Colchester Child Guidance Clinic, are of interest and show the scope of development of the service:—

“I am happy to report that 1965 has seen an all round expansion in the clinic's activities. First the number of children and families referred for diagnosis has increased from 208 to 228. New facilities for observation and treatment; new educational projects; new links with other Social Agencies have been pioneered.

In February 1965, the Psychiatrist-in-Charge of this Clinic was asked to initiate an experimental 12 bedded In-patient Children's Unit, for which a purpose built villa was erected at High Woods. Many years of planning lay behind this new project. This Unit enabled us to observe children's behaviour away from adverse home conditions, and to give definite opinions about treatment and disposal, and to assess the feasibility of a Day Hospital.

It was a natural extension of Miss Perry's group work with children to try and extend this new concept of group therapy to their parents. In

September, we arranged therefore for Miss M. Digby, the Psychiatric Social Worker to attend a pioneer course on group techniques for adults, organised by the Group Analytical Society jointly with the Association of Psychiatric Social Workers in London. Already the parents have benefited by attending three adult groups in this Clinic. And here I would like again to express our thanks to the Essex County Council for so generously enabling Miss Digby to attend this pioneer course in London.

My experience with the Children's Unit has convinced me that our next step forward must be to start a 'Day Centre' which would include both the special teaching needs of handicapped children, and the use of group techniques and counselling for their parents. I am continually coming across families who desperately need this help—all that is lacking is suitable premises and means of transport. In time, the parents themselves may be able to help with the staffing problems of a 'Day Centre' or 'Hospital.'

Staffing

The establishments and staff in post at the end of December, 1965, are shown in Appendix H.

Referrals

The table given below shows the sources of referral to the Clinics:—

Source of Referral	Number	Per cent.
School Medical Officers and Health Visitors	295	21.8
General Practitioners	319	23.6
Consultants	65	4.8
Educational Psychologists	185	13.7
Head Teachers	147	10.9
Children's Officer	41	3.0
Probation Officers	31	2.3
Magistrates	83	6.1
Direct referrals	154	11.4
Others	32	2.4
Total*	1,352	100.0

* excluding 24 re-opened cases

It will be seen that the two main sources of referral are "School Medical Officers and Health Visitors" and "General Medical Practitioners." Further information will be found in Appendix B of this Report.

The School Psychological Service

The Chief Education Officer, to whom I am indebted, has supplied me with the following report by the Psychologist to the Education Committee on the School Psychological Service for the year 1965:—

"It is good to be able to report yet again that schools and parents are making a good use of the Child Guidance and School Psychological Services. The number of children assessed by the Educational Psychologists in 1964 was 3,380. This year, although 48% of the school population was lost to Greater

London in April, 2,125 children have been seen. The reports of the various areas follow:—

West Essex

During the past twelve months 192 children were tested and interviewed officially either at schools or at the clinic. The provision for E.S.N. children is less than ideal in this area but will, of course, be improved in 1967 when the new day E.S.N. school opens in St. Nicholas Junior School, Loughton.

Harlow

Children are proposed for interview in a number of different ways. Most of the referrals come from the Head Teachers, but 30% of the total number of children interviewed by the Educational Psychologists had been previously referred directly to the clinic. Children have also been referred by the Divisional Education Officers, the School Medical Officers, the hospitals, the general practitioners and the parents, through various routes.

During the year, 357 children have been tested. The Stanford-Binet test is mostly used, except with some children over the age of about eleven, when the Wechsler Scale has been used.

In January 1965, the Psychologist's appointment was increased from a 20 hour week to a 28 hour week.

The opportunity class at the Downs School, Harlow, proved to be of considerable value, not only in raising the reading ability of the sixteen children concerned but also in increasing their self-respect and self-confidence. Children were selected who had not responded to remedial help in their own schools. The chronological age range in September, 1964, was 8.1 to 9.8 years. Of these children, none had a reading age above 6 years and seven had reading ages below 5 years. During the ten months up to July, 1965, five children had improved their reading ages by 2-3 years, and nine made gains of 1-2 years. The initial teaching alphabet was used and is being used again in the three 1965/66 classes.

Mid-Essex

During 1965 two full-time Psychologists have been working in the Mid-Essex Division which, on April 1st, underwent some boundary changes involving the absorption of Brentwood into Mid-Essex and the loss of Dunmow, Ongar and Saffron Walden to the newly formed West Essex Division. Owing to staff shortages on the psychological side in the County it was decided during the latter part of 1965 that at least as a temporary measure, the Psychologists based on Chelmsford should continue to serve the Ongar and Dunmow schools leaving Saffron Walden to be catered for by the West Essex Staff.

The character of the work has been very much on the same lines as in the past although some changes can be reported: some children were seen in connection with their placement in suitable secondary schools as they had recently arrived from abroad—usually one of the Commonwealth Countries—and had not had the opportunity of sitting for the General Admission Examination.

The Psychologists have also been consulted by Sixth Formers who are thinking of taking up psychology or social work with a mental health bias and wanted to know more about the scope of the profession and the academic requirements.

Owing to the shortage of Psychiatric Social Workers, the Psychologists have had to devote much of their time to interviews with parents which frequently have amounted to full social histories, and one of the Psychologists has also had some regular sessions with a few mothers while their children were seen by the Psychiatrists.

On the assessment side, the type of child referred has not changed a great deal. Some Head Teachers are very interested in emotional development and detect danger signals at an early stage, thus making an important contribution to prevention. Many children are of course referred because of poor scholastic progress and unfortunately quite a few of these only come to our notice at the secondary stage when it is difficult to implement either transfer to special schools or effective remedial measures.

The Psychologists have not confined themselves to remedial help, although this has been one aspect of their work. They have attempted some group psychotherapy with a small group of infants, and one of the Psychologists has tried to stimulate the speech development of a non-speaking child with very encouraging results.

As the Clinic has been without a Psychotherapist for a long time these attempts at treating children are necessary and also form a valuable addition to the Psychologists' experience.

Thurrock

The staff situation has undergone several further changes during 1965, but now appears to be developing some stability.

Another Educational Psychologist (bringing the number to three) is still needed to enable a full service to be provided for the fairly widely scattered and diverse types of school within the area. On the clinical side the lack of social workers also cuts into the time of both Psychologists and Psychiatrists, and there is still need for further Psychotherapeutic sessions to be filled. The clinic urgently needs the services of a Remedial Teacher and efforts are going to be made again to fill the post that is vacant.

There are now two schools for E.S.N. pupils in the Thurrock area, Treetops and Dacre. For some time the Dacre school was short of pupils but the vacant places were filled by diverting children on the Treetops waiting list.

The Grays Open-Air School (now Branwood School) is operating satisfactorily at its new site. The pressure on the school has eased with the occupying of the new building and use of the vacant places is being made by assigning to them pupils who, though *bona fide* Open Air School cases, would perhaps not obtain a place if the school had a long waiting list.

The first Opportunity Class was started in Grays, at Quarry Hill School in September. The class is being built up to its maximum number and appears to be running along the right lines although it is a little early to assess its results.

North-East Essex

Last year a programme of research was undertaken, within which data was collected over four terms, with a view to providing up-to-date norms for the performance of secondary school children, on two widely used psychological tests. Half the secondary school population of Colchester has been tested in class groups in accordance with the programme. The remaining classes will be tested during the spring and summer terms. No results are, of course, available as yet, although the occasional misplaced or disturbed child has been spotted in the process.

The problems faced by secondary school teachers who have the responsibility of teaching the lower streams which contain many virtual non-readers have been very apparent in the children's difficulties with the written verbal test. The Psychologists have discussed the best way to help these children with their teachers and Heads of schools. In general they feel that insufficient emphasis on the needs of these children still prevails, although many schools are doing a wonderful job with limited time and resources.

The Psychologists are aware of a small number of children in and around Colchester who were very retarded and who also experienced considerable difficulty in visual perception. The problems were discussed very carefully with a view to starting a special class, and a room was made available at Stockwell Street. An experienced Remedial Mistress has been appointed and the class started in September. The children selected were aged from 8 to 11 years who, with the exception of one, had reading ages below 6 years. It was realised that some of the children would eventually pass on to Kingswode Hoe School, but it was felt that they would still present learning difficulties, even in a Special School.

Children due to leave Kingswode Hoe (E.S.N.) School have been individually tested. One of the Psychologists has attended occasional conferences with the Head Master, School Medical Officer, Youth Employment Officer, etc., at which placement of these children has been discussed.

A Children's (In-patient) Diagnostic Unit was opened early in the year. Children presenting complex problems were referred from various Child Guidance Clinics in Essex, where it was felt that a period of in-patient observation with facilities for physiological and other tests was required for accurate diagnosis. Dr. Davy invited the Psychologists to give detailed psychological testing in order to discover any specific disabilities.

Basildon and South-East Essex

On the psychological side there has been understaffing and lack of continuity throughout the year. This has meant longer delays in seeing children than was desirable and has affected continued liaison with head teachers and others. Nevertheless, the numbers of children actually seen by a psychologist during the year have not been seriously reduced from 1964 and more children than last year have been given treatment in tutorial or remedial groups.

Tutorial Classes

These have continued successfully this year with four sessions a week in Hadleigh School House and twenty-six in Basildon at the Tutorial Centre.

Referrals to the classes are made through the Psychologist, although many children, in fact, are put on the list after conference with Psychiatrists who favour these classes as a form of therapy. Children vary widely in age range (from seven to fourteen), ability, attainment and nature of their emotional problems. The majority are also retarded. There is, therefore, a problem of arranging appropriate groups to cater, at the same time, for schools' timetables, taxi arrangements and the arbitrary appearance of referrals for admission to these classes.

Nevertheless, the Teacher-in-Charge has coped well with these difficulties and also the large task of liaising with schools and parents. Most children come twice a week, but this varies from one to ten sessions in the case of school refusals, exclusion or children not fit to attend school and awaiting placement in a Special School for maladjusted children. There has been considerable success with children where learning difficulties are chiefly the result of emotional disturbance and with anxious and withdrawn children who may pose behaviour problems.

These classes have also proved valuable for school refusals as a halfway pause to school attendance, and one secondary boy, who was quite unable to attend normal school for a year, has settled so well that he asked to stay on an extra year.

At Basildon there is a need for additional play material. Mr. Tyre has made it clear since taking up work on 1st September, 1965, that he has considerable aptitude for the teaching of pottery. Much of the advantage which the children could derive from his skill and interest is, however, dissipated because there is no kiln to make their work less fragile. Breakages can cause great distress to these children who are so much in need of success and achievement. The provision of a kiln would be of great advantage to the children.

Remedial Classes

During the spring and winter terms there has been one remedial teacher serving three centres in (a) Honeypot Lane—for the New Town Schools—(b) Billericay and (c) Vange (a school which has special problems). During the summer term we were fortunate in having the continued services of a County unattached teacher as well.

Although the waiting lists are never very long for remedial classes, this is mainly due to the rate of referrals from schools. It was found, as often happens, that when we had two teachers the rate of referral went up. It is clear from this that if the service is extended by another teacher the need will become more apparent.

Head teachers have invited the remedial teacher into the school and, on occasions, sent teachers to the Remedial Centre in Honeypot Lane for help on methods and apparatus. It is felt that, due to the shortage of fully qualified remedial teachers in the area, the remedial teacher attached to the School Psychological Service could, perhaps, usefully spend more of his time in this valuable work. As particularly with the dull slow learning child, it is felt that help is more appropriately given in the child's own school, if enough teachers could be given training. There would appear to be a need, therefore to extend the remedial service both for its primary function and to enable a qualified teacher to offer more guidance to part-time teachers in schools.

At present children attend remedial classes three times per week—in the Basildon area—for one hour per day and are transported to and from their schools by taxi, thus there are four sessions in a day, with the exception of Friday when two sessions are used by the remedial teacher for reports, apparatus, records and school visits.

As in previous years the diversity of emphasis and range of problem experienced by Psychologists working in different parts of Essex is quite marked. The Psychologists have lectured to teachers and a number of courses for teachers and other professionally concerned groups have been organised. In particular about 1,000 children at the end of the 4th year in Secondary Selective Courses in urban and rural areas of Essex were tested in a co-operative project with the Youth Department. These boys and girls were tested for verbal, numerical and perceptual intelligence and were also required to complete a vocational interest inventory, as a result of which Careers Advisory Officers and Youth Officers have been enabled to advise these pupils from a much more informed point of view. These Youth Department Officers have been trained in the administration and basic interpretation of these test results by the Psychologist to the Education Committee. Head Teachers have found this objective means of assessing pupils extremely valuable and it is intended to continue this work in the future. Essex is the only County within which work of this sort is taking place and the experiment has attracted favourable attention from the Department of Education and Science.

Among the many courses organised by the Psychologist to the Education Committee, three of the most successful were: "The Problems of the Special Residential School" attended by teaching and non-teaching staff from all Essex Special Boarding Schools. This was held at the Haywards School, Chelmsford, on the 6th and 7th September, 1965. Some 84 staff attended. The second was a residential course held at the Overcliff Hotel, Westcliff-on-Sea, on the 17th and 19th December, 1965, entitled "Priorities in Special Education." Although the course was primarily for special school teachers who made up 96 of the 125 allowed to attend, a gratifying large number of applications from teachers in the ordinary schools was received. It is hoped that it will be possible to arrange similar courses in the future. The third was "The Slow Learner in the Ordinary School" held at Brentwood Training College 9th-10th February. This was attended by 175 teachers from all over Essex including some from as far afield as Clacton and Sible Hedingham.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER FOR 1965

This report is the first to be made under the new régime following the implementation of the London Government Act, 1963, which is referred to by the Principal School Medical Officer in his introduction. So far as the Dental Services of the County Council are concerned, the three main elements of the change are the number of Dental Officers on the Establishment and in post, the number of pupils on the school rolls, and the number of dental surgeries available.

The statistical returns are given as for the new County for the whole of the year, and direct comparison with the Service in previous years is thus made difficult.

The more experience one acquires the more one becomes convinced of the necessity for the continuation of the School Dental Service, particularly the dental inspection of pupils on school premises. By this agency parents are told when necessary of their child's need for dental treatment, and they are reminded that this treatment may be obtained from the Local Authority's Service if this is their choice. There have been small differences of opinion very occasionally between the findings of the School Dental Officers and General Dental Practitioners but considering the great number of children inspected in schools, however, this number is remarkably small. The inspection on school premises identifies dentistry directly with school life, and this is a good thing. The reaction from head teachers is generally co-operative as is their reaction to so many other duties which are not strictly academic. Undoubtedly one of the main supports of the School Dental Service is the co-operation given by school teaching staffs. The scope of the service is comprehensive, and all forms of treatment, including advanced conservation, are available as appropriate.

Liaison with Other Branches of the Profession

The writer continues to identify the service with other branches of the profession by attendances at meetings and committees of the General Dental Council, British Dental Association, the British Paedodontic Society, the Advisory Committee on Dental Surgery of the North-East Metropolitan Regional Hospital Board and the Local Dental Committee of the Executive Council amongst others.

The Staff of the School Dental Service

The figures in brackets are those which obtained before 1st April, 1965. The professional establishment is 40 Dental Officers (99), 8 Area Dental Officers (14), 1 Principal School Dental Officer (1) for a school population of about 165,000. Harlow is still without an Area Dental Officer and the Area Dental Officer of Mid-Essex visits Harlow as he considers necessary. Applications for sessional work from general practitioners are encouraged. The staff actually in post at the end of the year, excluding the Principal School Dental Officer, was 24 whole-time and 24 sessional officers giving a total whole-time equivalent of

30. In addition 165 evening treatment sessions were undertaken, and of the total time available the equivalent of approximately three Dental Officers were given to the Maternity and Child Welfare Services of the Health Committee.

Forty-four Dental Surgery Assistants, with a whole-time equivalent of 33, were also on the staff, and one of these was employed nearly whole-time on Dental Health Education. It is appropriate here to mention the more important staff changes that have occurred during the year.

Mr. P. J. Arnold, Area Dental Officer, Forest Division, was appointed Chief Dental Officer, London Borough of Bexley.

Mr. I. H. Masson, Area Dental Officer, South Essex, transferred to the Service of Kent County Council.

Mr. A. D. French was promoted from Dental Officer to Area Dental Officer, West Essex Division.

Mr. C. C. Grant was appointed Area Dental Officer, South-East Essex.

Last, but not least important, Mr. E. A. Hall retired after 27 years of faithful service with Leyton Municipal Borough as Senior Dental Officer and with the County Council as an Area Dental Officer. I wish him a happy retirement.

Statistics

During 1965, out of the total school population, 89,736 (60%) were inspected, of these 42,493 (48%) were found to require treatment, and of these 40,304 (95%) were offered treatment, of these 24,331 (60%) were actually treated. 3.2 fillings were inserted for each extraction undertaken.

General Anaesthetics

The pattern of this part of the Service follows that reported for some years past, and opportunity was given for post-graduate study as needed. It is interesting to note the younger the children the more general anaesthesia is called for. During the year in age groups 5-9 years 3,711 administrations were undertaken compared with 1,677 in the age group 10-14 years and 246 for the 15's and over. This gives a total of 5,634 administrations for the year for children of school age.

Premises and Equipment

The Committee has 44 premises with one surgery of which nine have two surgeries. The total number of surgeries available is 53 and of these 47 were actually in use. To bridge the gap until a clinic is available at Brightlingsea, arrangements have been made with a General Dental Practitioner to act as a sessional Dental Officer and to use his own premises for the time being. The arrangement is working quite satisfactorily.

The use of the Central Hall at Stansted has been discontinued, and with the co-operation of the head teacher the medical inspection room at the Secondary Modern School is being equipped with material which will be readily transferrable when a new clinic becomes available in the locality.

New premises were made available during the year at Mistley for the North-East Essex Division and at Springfield, Chelmsford in the Mid-Essex Division. Both these purpose-built new premises have complete equipment and are a credit to the service.

Dental Ancillary Workers

These are of two types, namely dental hygienists and dental auxiliaries and three of the latter were employed in what is now the Greater London Area and were transferred to their appropriate Greater London Borough. Dental hygienists have a more limited scope and it is hoped to concentrate on the employment of the auxiliary type who will be of greater practical use. The five-year experimental period (two years training and three years in the field) for auxiliary workers is now finished and the report of the sponsoring authority, i.e. the General Dental Council, on the usefulness to the public of these trainees is expected at an early date. If the report is favourable it is hoped that a number will be employed to augment the work of the Dental Officers. The work undertaken by the auxiliaries is scaling and polishing the teeth, topical applications of medicaments to the teeth and gums, the extraction of milk teeth and the insertion of simple fillings. They are also taught public speaking which helps greatly in Dental Health Education. They work to the prescription of a Registered Dentist who directly supervises their professional activities.

Orthodontics

The cosmetic effect, increased masticatory efficiency and clarity of speech resulting from straightening irregularly placed teeth is remarkable, and the whole outlook of a child may be improved out of all recognition. This branch of dentistry benefits greatly from expert opinion and the Service has the advantage of some consultant cover from the North-East Metropolitan Regional Hospital Board. The Consultant is based on Whipps Cross Hospital and visits Chelmsford, Colchester and Southend. Some cases are also referred to the London Teaching Hospitals. Saffron Walden and the surrounding area is served by the East Anglian Regional Hospital Board whose consultant visits Addenbrooke's Hospital, Cambridge. The Service will be helped by having more consultant sessions available and greater time for the treatment by the Regional Hospital Board staff for the more complex cases. 270 cases were completed during the year.

Dental Appliances

The Dental Laboratories at Walthamstow and Barking were taken over by the appropriate Greater London Boroughs during the year. By arrangement the Barking Laboratory continues to carry out some prosthetic work and some

is let out to private firms. 122 dentures and 639 orthodontic appliances were made for school children. It is interesting to recall that both the laboratories were approved by the National Joint Apprenticeship Committee as being suitable for training apprentices as long ago as 1955.

Post-Graduate Courses

The practice of dentistry advances from year to year as more information comes to light following research in all its aspects. This applies no less to children's dentistry than to any other highly specialised occupation, and the quickest way to put this into practical use is by attendance at post-graduate instruction at a recognised centre. The Committee's Dental Officers attended the courses at the Eastman Dental Hospital, Kodak and British Dental Association Conference which was held this year at Belfast.

Mental Health

The Area Dental Officer, Colchester, continues to undertake inspection and treatment sessions for the children resident at Holliwell Lodge Hostel, Stanway.

Investigation is going on to ascertain if there is any advantage in the use of battery-operated electric toothbrushes for these handicapped children. The machines are a help to the staff in certain cases, but as most of the children are taught to use an orthodox toothbrush as they would at home, it is unlikely that the practice of using electric toothbrushes will become permanent except for very few cases.

Epidemiological Studies

A London Hospital Research team continued its studies to evaluate the efficiency of fluoride toothpaste. About 1,200 children in the Committee's High Schools for Girls took part in this investigation, the examinations for which are carried out in the precincts of the schools.

We were able to help the senior girls at the Colchester High School in a Dental Survey which they undertook early in the year. The girls showed remarkable enthusiasm under the guidance of their biology teacher, Miss Nunn, and they did some original research into the loss of teeth and the popularity of different brands of toothpaste. This was a very interesting experience from our point of view.

The Area Dental Officers and some of the Health Visitors in Mid-Essex and the Thurrock Health Areas have co-operated with the Dental Staff of the Liverpool University in an investigation into regional differences in the feeding habits of very young children which may cause gross destruction of the teeth. Particular attention was paid to vitamin syrups. The investigation in Essex has been completed and we await the national results from Liverpool University.

Dental Health Education

If prevention is better than cure it will be agreed that instruction in the prevention of dental decay by good eating habits should occupy a regular place in the school curriculum. I make no apologies for repeating the four simple rules for Dental Health:—

- (1) Eat nourishing meals and nothing sweet and sticky in between.
- (2) Finish meals with raw fruit or vegetables or rinse the mouth with water.
- (3) Brush the teeth and gums regularly after breakfast and always last thing at night.
- (4) Have regular dental inspections.

The National Health Dental Service is now costing in the region of £60,000,000 per annum, and this figure ignores the cost of the Local Authorities and Hospital Dental Departments of teaching schools and takes no account of the time lost from school and work. Who can compute the misery attending on this most prevalent of human afflictions, and one which is to a large extent preventable?

The campaign in Harlow is now finished and the final inspections are due. Follow-up work will be continued indefinitely, for if this work is neglected then no permanent good will come of these efforts and any extension of the work will need a further Dental Health Teacher in the form of perhaps a dental hygienist or dental auxiliary worker.

It is appropriate here to thank the staffs of the Harlow schools, the Divisional Education Office and Divisional School Medical Office, and this is done gratefully. The ready co-operation received has been a great help and may be cited as an example of what one would like but does not always get.

The day-time instruction in the Harlow schools has been augmented by attendance at evening meetings of various types and also at the ante-natal classes.

With some years of experience behind us it has been agreed to initiate another campaign, this time in the schools of the Chigwell area. Indeed, at the time of writing the head teachers have given their support and the Divisional Education Officer, the Divisional School Medical Officer and the Area Dental Officer are co-operating in this matter. In fact, the first Dental Health Week has already been arranged and will take place at the Hereward Infants' and Junior County Primary Schools at Chigwell and a start has also been made on the ante-natal instruction programme in the clinics.

The 15 minute colour/sound film on the activities in Harlow is now in use. Apart from being shown in the County it has already been shown to several local authorities and the General Dental Council are showing it in several places in Northern Ireland to help initiate Dental Health projects over there. Currently a copy is on extended loan in South Africa.

Toothbrushes at cost price are still on sale at the dental clinics.

Dental Health was again covered at the Health Department's display at the Essex Show at Great Leighs and an interesting feature was a working model of a fluoride plant made in transparent perspex. We are indebted to the Department of the Government Chemist for the loan of this model. Dental Health Education was also carried out at the County Primary Schools at Great Easton and Takeley and at both these evening parent/teacher meetings were held following invitations from Head Teachers.

Visitors to the Department

The under-mentioned visited the Department during the year and were most welcome:—

Professor G. Slack, Head of the Children's Department of the London Hospital Dental School.

Mr. J. C. Timmis, Chief Dental Officer for Staffordshire County Council.

Mr. W. Palmer, Senior Dental Officer, who came over from Ireland on a World Health Organisation Travelling Scholarship.

Dr. Poncova, Head of the Dental Service in Czechoslovakia.

Miss E. M. Knowles and Mr. A. G. Smith, Senior Dental Officers at the Ministry of Health.

Dr. Rahman from Pakistan.

Mr. J. Rodgers, Dental Officer at the Department of Education and Science.

Mr. Rodgers whose visit was official, inspected the Dental Services of the Authority on behalf of the Secretary of the Department, and we await his report with interest.

Fluoridation of Water Supplies

I made some fairly lengthy comments on this in my last two reports and the controversy surrounding this measure, which is to add a fluoride salt up to 1 p.p.m. content still continues.

It is hard to say why the operation, which is quite safe, relatively easy of application and relatively cheap should be condemned, and young people made to forego a reduction in dental decay of up to more than 50%. One wonders at times if the more vociferous opponents of fluoridation have actually seen the ravages of dental decay in many young children. A combination of good mouth

hygiene brought about by dental health education, the fluoride content of water brought up to the recommended level and more Dental Officers would create and maintain good teeth. In the meantime, the children suffer unnecessarily. One does not recall similar agitation when the Bread and Flour Regulations 1963, became operative.

Overall the chief impediment to progress is the shortage of suitable Dental Officers.

In the Dental Review of 1862 the following occurs :

"Numerous as are the ills which flesh is heir to, few are so universal as diseases of the teeth."

This is perfectly true in 1965 !

J. BYROM

AUDIOLOGY SERVICE

As a result of guidance given jointly by the Ministry of Health and Department of Education and Science emphasising the importance of the early diagnosis of defective hearing in young children in order that treatment may be provided at the earliest possible age and with the best prospect of success, the County Council gave approval in 1964 to the introduction, in association with the North-East Metropolitan Regional Hospital Board, of a comprehensive Audiology Service in the Administrative County. The Ministry of Health approved the necessary variation of the Council's proposals under Section 22 of the National Health Service Act, 1946, to permit the introduction of the Service.

This Service will provide for the screening of as many pre-school and school children as possible at intervals commencing with the first year of life and the setting up of Audiology Clinics staffed by the County Council, with specialists provided by the North-East Metropolitan Regional Hospital Board. The ultimate aim is to establish at least one Audiology Clinic in the area of each Division and Excepted District by providing at Health Services Clinics one or more rooms specially adapted and equipped for this purpose.

Owing to the shortage of specialist staff (a difficulty which was anticipated), it was not until late in the year that the North-East Metropolitan Regional Hospital Board were able to appoint a Consultant Otologist and this enabled the Council to implement their initial intention of establishing an Audiology Clinic at Chelmsford, Colchester and Rayleigh respectively. The Consultant Otologist, Mr. S. E. M. Bates, is devoting two half-days a month to each of these three Clinics.

A number of medical and nursing staff have already been trained in hearing testing techniques and this specialised training will continue to be provided until a sufficient number of staff are available to meet the eventual requirements of the new Service.

In view of the limited resources available at present the service is being provided, initially, for children under 5 years-of-age—priority being given firstly to the testing and ascertainment of those known to be "at risk," secondly to the screening of as many pre-school children as possible at selected ages, and thirdly to the routine screening of all school children in selected age groups.

It is appreciated that the success of this scheme depends to a large extent on the co-operation of general medical practitioners and, with the assistance of the Executive Council for Essex, full details of the service were sent to all general medical practitioners in the Administrative County.

I am indebted to Dr. J. L. Miller Wood, Dr. J. D. Kershaw and Dr. D. A. Smyth for their reports on the Chelmsford, Colchester and Rayleigh Clinics respectively, extracts from which I quote hereunder:—

Chelmsford. "In October, Mr. Bates, Consultant Otologist appointed by the Regional Hospital Board, commenced his twice-monthly audiology

clinics at Springfield Green Clinic, Chelmsford. These have been of the greatest help. He is particularly interested in seeing babies whose hearing is in doubt, and in late talkers. He is able to see four new cases or six old and new cases in one afternoon. It is therefore still very necessary to "screen" the children by testing them at A.C.M.O. clinics first, so that his limited time is not wasted. From this clinic, hearing aids have been ordered from local Hospital Hearing Aid Units and diagnostic work has been carried out. The close liaison between the Peripatetic Teacher of the Deaf and the Otologist has been of great value."

Colchester. "The main special clinic event of the year was the establishing of an Audiology service in the area. As a matter of convenience the clinic was sited in Colchester but attendance is open to any child in any part of the Division. Mr. S. E. M. Bates was appointed as Consultant and has been holding sessions twice a month since 1st October. The intention of the clinic is to bring together the Consultant Audiologist, the School Medical Officer and the Peripatetic Teacher of the Deaf in the assessment, care, management and, where necessary, special education of children with impaired hearing. We have regarded the service as experimental in the first place but there is no doubt that it has shown every sign of justifying itself and I have been particularly pleased by the appreciation shown by some general practitioners in the Area.

The clinic has been handicapped somewhat by the fact that the accommodation provided for it at the Colchester Monkwick Clinic has not been really ideal but this was inevitable since it was necessary to improvise accommodation in a pre-existing building. The new central clinic which is being built in Colchester has been designed from the beginning to contain audiology accommodation which is really suitable in both layout and structure and it is hoped that this will come into use before the end of 1966. This should enable us to extend our service and make it more satisfactory."

Rayleigh. "The establishment in October of the audiology unit at Rayleigh was a particularly important step forward in the field of deaf children, the nearest unit hitherto being at The Royal National Throat, Nose and Ear Hospital, Grays Inn Road, London. Mr. Bates attends this clinic twice monthly and at the six sessions held so far has seen 17 new patients, and by December there were 14 children on the waiting list. It is clear that with this demand it will be necessary to hold these sessions more frequently. The accommodation at present available cannot be regarded as particularly satisfactory, but it is hoped that the clinic will be extended shortly to provide suitable accommodation for the audiology unit."

HANDICAPPED PUPILS

Appendix C to this report gives a summary of the children who were ascertained as handicapped pupils at the end of 1965.

The total number ascertained as requiring special educational treatment was 12.5 per thousand of the school population.

Blind and Partially Sighted Pupils

Thirty-two pupils were on the register at the end of 1965, having been ascertained as blind. Of these, 26 were at special residential schools, one at a special day school and 2 elsewhere at school; three under five years of age, were awaiting placement. There were 45 children ascertained as partially sighted. Of these, 22 were attending special residential schools and ten special day schools; two were at ordinary schools, and four over five years of age were awaiting placement. The remaining seven children were not thought to require special educational treatment.

Deaf and Partially Hearing Children

During 1965 six children were newly ascertained as requiring special educational treatment because of deafness and at the end of the year 40 children were so ascertained; of these, 13 were at day special schools, 23 at residential special schools, one was receiving education elsewhere and 3 were awaiting placement. In addition five children were on the register but were not thought to require special educational treatment.

Thirty-eight children were newly ascertained as partially hearing and at the end of the year, 83 were receiving special educational treatment, 30 at day schools, 35 at residential schools, 12 at ordinary schools and six elsewhere. Eighteen children were awaiting placement and 38 were on the register as partially hearing but not considered to require special educational treatment.

The following is a copy of a report which has been submitted by Dr. D. A. Smyth, Divisional School Medical Officer for South-East Essex in connection with the special Nursery Unit at Glebe School, Rayleigh for Deaf Children :—

"The Child with Loss of Hearing. The Glebe Nursery Unit for Deaf Children continues to function effectively, although its operation is still hampered by the inability to recruit a further trained teacher of the deaf. Some improvement was effected, however, by the appointment of a full-time teacher (untrained in the teaching of deaf children) to assist in the unit. It was also decided that in order to provide facilities for a greater number of children, to extend the numbers attending on a part-time basis. These changes made it possible to increase the number of children attending the unit from 13 in January, 1965, to 20, which number was maintained to the end of the year, and of this number, 16 are attending on a half-day basis.

Audiometric Testing. The practice of testing the hearing of all new entrants to school as a matter of routine has continued smoothly throughout the year. 1,489 children were seen at routine sweep test and a further

313 as specials. As a result of these tests, 261 children were found to require further investigation. During the period under review 76 children were, following investigation by school medical officers, found to have normal hearing or returned to normal hearing after treatment. 41 children were referred for an E.N.T. specialist opinion and 7 children were referred to the audiology unit."

Delicate Pupils

The total number of children of all ages ascertained as delicate at the end of 1965 was 280. Of these, 108 were at special residential schools, 80 at special day schools, 5 receiving education elsewhere and 16 awaiting placement. The remaining 71 children though registered as delicate, were not thought to require special educational treatment.

During the year the Grays Open Air School which moved to new premises was re-named "Branwood School" and I am grateful to Dr. T. D. Blott, Divisional School Medical Officer for the following report:—

"Remedial treatments recommended by the School Medical Officer have continued during the year, these included posture, breathing and bar exercises. Prescribed medicines have been given daily and several children have received hospital treatment, one boy underwent a successful heart operation. Junior and Infant children and heart cases rest for one hour daily.

Attendances, as might be expected, were affected by weather conditions —being poorest in foggy weather.

The number of children on register at the end of the year was 66 (42 boys and 24 girls). New admissions during 1965 being 22. More physically handicapped children have been admitted during the year.

The average increase in both height and weight was greater in the case of boys, which breaks the pattern of the four previous years. Boys' average increase in height was 2 inches, weight 7lbs. 7oz., while the girls' average increase was 1 $\frac{3}{4}$ in. in height and 6lbs. 8oz. weight."

Educationally Sub-normal Children

During the year under review, 243 children were newly assessed as educationally sub-normal, making a total at the end of the year of 1,305 children so assessed, of whom 241 were awaiting placement in special schools.

As will be seen in the list of schools at the beginning of this Report, there are six day and three residential special schools for educationally sub-normal children in the County. Two of these are in the Thurrock Division and the Divisional School Medical Officer makes the following comments:—

"*Dacre E.S.N. School.* The age range for this school is now 5-15 years, the number on register at 31st December, 1965, being 60 (18 girls and

42 boys), there being 7 new admissions during the year. There were a number of class re-organisations as new staff joined and there are now 6 classes including one 'Maladjusted' unit and a 'Reception' class.

A total of 9 school visits was made during the year, such as The Ideal Home Exhibition by Senior girls, and classes 4, 5 and 6 to the Children's Art Exhibition.

Among visitors to the school was the Divisional Education Officer, the Psychologist to the Education Committee and Mr. Warren the Head of I.T.V. Schools' Broadcasting to discuss programmes, etc.

At Easter a Service was held to which Old Age Pensioners were invited and Gifts from the children were distributed to the needy at this and the Harvest Festival Service.

It is intended to start Housecraft and Woodwork Classes in the near future.

Treetops Special School. At the end of the year there were 73 children on the register (39 boys and 34 girls), 5 new admissions were made (2 boys and 3 girls). Of the 7 who left, 1 girl died, 4 boys were transferred to a residential school and 2 attained school leaving age. Both boys who reached leaving age are working, one on a local farm and the other in a garage.

The I.Q. composition is as follows:—

—106	.....	1
91 — 95	.....	—
86 — 90	.....	—
81 — 85	.....	3
76 — 80	.....	2
71 — 75	.....	5
66 — 70	.....	18
61 — 65	.....	17
56 — 60	.....	15
51 — 55	.....	7
46 — 50	.....	3
41 — 45	.....	2

A new practical application number test has been introduced which will help in the child's development, together with a course in Mothercraft and Child Development. The Police have introduced a course on Safe Cycling and Maintenance. The T.V. programmes have been watched since May and have proved popular and successful.

Many school visits were made; that to Cadby Hall caused the subsequent setting up of a 'factory' at Treetops on similar production lines. The 'Do-it-yourself' Exhibition and Dartford Tunnel (behind the scenes organisation) proved very popular.

Two groups attend Blackshots Swimming Pool weekly and a P.E. Class has been properly equipped and started for mid-school boys. A Special Sports Day was held in July.

Individual visits have been promoted for parents rather than 'open days' and have proved very successful. A Carol Service was held in December.

15 Students now attend the Evening Classes."

The Moat House School at Basildon continued throughout the year and there were 129 pupils on the register in December, 1965. Of the total of 55 children awaiting admission to the school, 32 are from Basildon and 23 from South-East Essex but the latter number will be transferred to the waiting list for the new school which it is hoped will be opened during 1966.

As mentioned in my Report for last year, The Hayward School, Chelmsford, was opened in April, 1964, and I am grateful to Dr. J. L. Miller Wood, Divisional School Medical Officer, for the following report on the school during its first full year:—

"There are 78 pupils at present in the Hayward School, all of whom have been examined at least once a year. A number have had additional examinations where special problems presented. One child had rheumatic fever with carditis complication and was in hospital three months. At present, this child who returned to school in November, 1965, is attending morning sessions only until Easter, 1966.

There are at present two children on special diets for gross obesity and one for phenylketonuria.

The general physical health of the children in this school is satisfactory.

There are a number of children who are emotionally disturbed and who have shown marked improvement since their admission.

Special tribute must be paid to the staff of the School whose understanding and care of the more disturbed pupils have resulted in very real progress being made and maintained.

The following is an extract of a report submitted by Mr. J. C. Bennett, the Head Teacher:—

'There are now 78 children on the school roll, their ages ranging from 6 to 14 years.

The general health has been good and there has been remarkably little absenteeism caused by sickness.

All children have been medically examined during the year. As a result of these examinations by Dr. M. Parkes, certain children have received treatment by their own Doctors, others at Coval Lane Clinic and Melbourne Dental Centre. . . .

After Miss M. Bailey, the Speech Therapist relinquished her appointment, we were without a speech therapist for six months. Mrs. Thomas who took Miss Bailey's place, is now attending on Wednesday mornings. She is however, only able to deal with a small number of children in the time available to her.

Negotiations are now in progress for the hiring of the Church of the Ascension Hall in Maltese Road for use as a Diagnostic Unit for children who are borderline educable/ineducable. It is hoped that the Unit will be functioning after Easter, 1966.

During the year, two children have been excluded after a trial period at school. One, a boy has now been placed at Braintree Junior Training Centre, and the other, a girl, is awaiting placement.

There are now two children in School who wear hearing aids. They are being visited quite regularly by Mr. Stanway, teacher of the deaf, to ensure that their aids are fitting correctly and are working efficiently. We have two epileptic children in School, both girls. They are well controlled by tablets.

I believe that general progress in growth and development is good and apart from a few families, the children are clean and well cared for. The parents, in the main, are co-operative and friendly and fully aware of the Medical Services available to them .”

Maladjusted Pupils

This is the second largest category of children recommended for special educational treatment and during 1965, 79 children were newly assessed as handicapped pupils because of maladjustment. At the end of the year, 289 children were so ascertained, 205 of whom were attending residential special schools, one attending day special school, two at ordinary schools, 11 elsewhere and 45 awaiting placement. The remaining 25 were not considered to require special educational treatment.

In connection with Doucecroft Hostel, Kelvedon, for 15 maladjusted boys, the following is a report made by the School Medical Officer :—

“ Doucecroft Hostel accommodates 15 maladjusted boys during term time. They attend the local Primary and Secondary School and Grammar School.

Thirteen of the previous year's boys remained at the beginning of the year, 3 boys were discharged during the year, and 5 admitted, keeping the number at 15. One of the 3 discharged boys was transferred to a Residential School for Delicate Children.

They have been under the Psychiatric care of Dr. Vincenzi.

I have examined each boy on admission and thereafter annually, or more frequently if necessary. I have also carried out their Immunisations against Diphtheria, Tetanus, Poliomyelitis and B.C.G. vaccination against Tuberculosis as required.

Apart from the delicate boy who was transferred, the boys have remained in good general health.

Those who needed it have had nutrients through the School Health Service and they have had Dental Treatment at the School Dental Clinic."

Epileptic Pupils

Twelve pupils were at special residential schools because of epilepsy and four children were newly ascertained during the year. Four children were still awaiting placement.

Physically Handicapped Pupils

Thirty-eight children were ascertained as physically handicapped during 1965, making a total of 331 assessed at the end of the year. Ninety-nine of these were at special residential schools, 38 at day special schools, 2 at ordinary schools, 24 receiving education elsewhere and 33 awaiting placement. Of those awaiting placement, 6 were under five years of age.

The remaining 135 pupils were registered as physically handicapped, but were not considered to require special educational treatment.

Speech Defects

The total number of children receiving speech therapy at the end of the year was 810. A table showing the details of referrals and cases is given below :—

Total referred for therapy during 1965	.....	.....	.....	927
New cases treated,	.....	.....	.....	758
as follows :				
Under 5 years of age	.....	.....	.....	203
Attending infant schools	.....	.....	.....	310
Attending junior schools	.....	.....	.....	170
Attending secondary schools	.....	.....	.....	38
Attending special schools	.....	.....	.....	37

Further details regarding speech therapy will be found in the table on page .

B.C.G. VACCINATION

School children and students attending establishments for further education continued, during the year, to participate in the scheme for vaccination in order to gain protection against Tuberculosis and the table below shows the vaccinations carried out :—

Division (1)	Number of children skin tested (2)	Positive reactions at preliminary test		Number of children who received B.C.G. vaccination (5)
		Number (3)	Percentage (4)	
North-East Essex	763	48	6.3	679
Mid-Essex*	2,591	342	13.2	2,242
South-East Essex	1,017	80	7.9	875
West Essex*	858	63	7.3	773
Harlow	779	103	13.2	604
Thurrock	1,515	171	11.3	1,229
Basildon	167	12	7.2	155
Colchester	846	28	3.3	801
Administrative County	8,536	847	9.9	7,358

* The figures for Mid-Essex include, and the figures for West Essex exclude, details for the quarter ended 31st March, 1965, relating to the part of Mid-Essex transferred to West Essex on 1st April, 1965.

INFECTIOUS DISEASES

Appendix D to this report shows the number of notifications of infectious and other notifiable diseases in school children received during 1965. It is not possible to make any comparisons with previous years owing to the change in the administrative area but it will be seen, that by far the highest figure is that for measles, i.e. 6,913. The one case of acute encephalitis (post infectious) occurred in the North-East Essex Division in a boy of 6½ years, following measles.

No specific outbreaks of infectious disease occurred among school children during the year under review.

HEALTH EDUCATION

The expansion of the Health Education programme continued throughout the year in schools, technical colleges and youth clubs. Courses and lectures were, in the main, illustrated by a wide range of visual aids in the following subjects—smoking and health, sex education, including V.D., prevention of accidents, foot health, mothercraft and mouth-to-mouth resuscitation.

Mention must also be made of Dental Health Education undertaken in schools and the making and production of a 16 mm. colour film on this subject, further details of which are referred to in the Report of the Principal School Dental Officer.

The five-year Dental Health Campaign in Harlow was completed during the year and further details regarding this will also be found in the Report of the Principal School Dental Officer.

In the Divisions a great amount of health education is undertaken by the Divisional School Medical Officer's staff and the following are some comments which have been received from them :—

Dr. I. Ash of Harlow, states :—

" In November, the Divisional School Medical Officer and a general practitioner attended together a large meeting of the Parent Teacher Association at Burnt Mill Comprehensive School to answer searching questions on various health topics. The Harlow Urban District Council's Chief Public Health Inspector gave two lectures on food hygiene to the domestic science class at Nettleswell Comprehensive School and his deputy lectured on the same subject to students at the Technical College.

Small groups of senior girls continued to visit the child welfare centres and also assisted one of the private nursery play groups. Such activities can only be on a limited scale but are undoubtedly of value to the girls concerned."

Dr. I. G. Yule, for West Essex reports that a special course of 15 one-hour sessions was held at The Hassobury School for Educationally Sub-normal girls consisting of talks, discussions, films and demonstrations.

In the Mid-Essex Division, Dr. Miller Wood reports that 115 lectures have been given by Health Visitors to school children and staff on mothercraft, first aid, preparation for adult life and marriage, sex relationships and venereal disease.

The liaison between the Central Office Health Education staff and the divisional staff undertaking Health Education, plays an important part in the continued success and expansion of the overall programme.

PHYSICAL EDUCATION

Once again, I am indebted to the Chief Education Officer for the Report in Appendix E by the Senior Advisers of Physical Education.

ROAD ACCIDENTS

I have to thank the Chief Constable of Essex who has been good enough to let me have the following information relating to road accidents in the County Police District in which children under 15 years of age were involved.

During 1965 there were 10 fatal accidents. Of the children concerned, 8 were killed as pedestrians.

Child pedestrians injured	.....	.....	.....	.....	.....	524
Child pedal cyclists injured	.....	.....	.....	.....	.....	317
Children injured (other than as pedestrians or pedal cyclists)						340

Casualties by age groups, 1965

0—1	.....	.....	14
1—2	.....	.....	28
2—3	.....	.....	65 (1)
3—4	.....	.....	73 (1)
4—5	.....	.....	85 (1)
5—6	.....	.....	87 (1)
6—7	.....	.....	90 (3)
7—8	.....	.....	115 (2)
8—9	.....	.....	96
9—10	.....	.....	98
10—11	.....	.....	76
11—12	.....	.....	80
12—13	.....	.....	80
13—14	.....	.....	96
14—15	.....	.....	108 (1)
<hr/>			
Total	.....	.....	1,191 (10)

The figure in brackets denote the numbers killed.

The main causes of these accidents and the age groups involved were as follows :—

Pedestrians			
	0-5 years	6-15 years	
Pedestrians crossing road not masked by moving or stationary vehicle	55	204
Pedestrians crossing road masked by vehicle	43	128
<hr/>			
Pedal Cyclists			
	0-5 years	6-15 years	
Turning right without due care	—	—	77
Inattention or attention diverted	—	—	39
Cyclists pulling from nearside or offside without due care	—	—	14
Inexperience with cycle	—	—	11

Children under 15 were involved in 1,102 accidents, children from 0—5 were responsible for 122 accidents and from 6—15 years for 640 accidents.

APPENDIX A

MEDICAL INSPECTION AND TREATMENT

RETURN FOR THE YEAR ENDED 31st DECEMBER, 1965

Part I.—Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)

Table A.—Periodic Medical Inspections

Age Group inspected (By year of Birth)	No. of Pupils who have received a full medical examina- tion	PHYSICAL CONDITION OF PUPILS INSPECTED		No. of Pupils found not to warrant a medical examina- tion	Pupils found to require treatment (excluding dental diseases and infestation with vermin)			Total individual pupils
		Satis- factory	Unsatis- factory		for defective vision (excluding squint)	for any other condition recorded at Part II		
		No.	No.					
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	
1961 and later	255	255	—	—	1	9	10	
1960	5,810	5,803	7	—	75	234	299	
1959	9,412	9,399	13	—	152	350	467	
1958	1,302	1,300	2	9	23	73	88	
1957	339	339	—	224	10	19	27	
1956	207	207	—	88	15	18	30	
1955	1,960	1,959	1	67	49	43	91	
1954	6,054	6,053	1	227	237	142	363	
1953	2,305	2,305	—	84	118	65	180	
1952	827	827	—	—	46	31	74	
1951	2,788	2,787	1	—	134	63	193	
1950 and earlier	8,812	8,799	13	—	525	197	704	
TOTAL	40,071	40,033	38	699	1,385	1,244	2,526	

Col. (3) total as a percentage of
Col. (2) total—99.91%

Col. (4) total as a percentage of
Col. (2) total—0.09%

Table B—Other Inspections

Number of Special Inspections .....	.....	.....	7,333
Number of Re-inspections .....	.....	.....	8,331
Total			15,664

Table C—Infestation with Vermin

- (a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons 172,963
- (b) Total number of individual pupils found to be infested 648
- (c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) 15
- (d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) 3

Part II—Defects Found by Medical Inspections During the Year

Defect Code No. (1)	Defect or Disease (2)	PERIODIC INSPECTIONS								SPECIAL INSPECTIONS	
		Entrants		Leavers		Others		Total			
		*(T) (3)	*(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)	(T) (11)	(O) (12)
4	Skin	61	378	95	288	78	225	234	891	281	80
5	Eyes	a. Vision	250	1,211	658	603	477	578	1,385	2,392	160
		b. Squint	82	172	6	44	22	81	110	297	10
		c. Other	11	70	15	64	13	58	39	192	10
6	Ears	a. Hearing	69	425	13	61	26	112	108	598	31
		b. Otitis Media	32	261	2	31	5	70	39	362	8
		c. Other	9	85	1	17	4	30	14	132	3
7	Nose and Throat		150	1,561	27	182	33	371	210	2,114	75
8	Speech —		103	385	4	29	22	59	129	473	54
9	Lymphatic Glands		8	461	2	25	1	101	11	587	1
10	Heart		19	289	15	89	5	113	39	491	7
11	Lungs		16	463	9	110	9	157	34	730	11
12	Developmental—	a. Hernia	13	78	1	7	4	25	18	110	4
		b. Other	18	519	23	112	35	299	76	930	20
13	Orthopaedic—	a. Posture	6	121	16	98	11	102	33	321	5
		b. Feet	108	569	16	223	45	311	169	1,103	28
		c. Other	32	386	30	283	13	186	75	855	15
14	Nervous System—	a. Epilepsy	2	47	1	23	8	31	11	101	5
		b. Other	4	214		34	4	75	8	323	13
15	Psychological—	a. Develop-	15	256	4	58	14	113	33	427	19
		ment	14	413	3	80	8	155	25	648	23
16	Abdomen		10	98	3	33	2	65	15	196	1
17	Other		31	96	13	43	6	32	50	191	43
*(T)=Treatment.											
(O)=Observation.											

Part III—Treatment Tables

Table A.—Eye Diseases, Defective Vision and Squint

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint	4,471
Errors of refraction (including squint)	6,126
	<hr/>
Total	10,597
	<hr/>
Number of pupils for whom spectacles were prescribed	4,028
	<hr/>

Table B.—Diseases and Defects of Ear, Nose and Throat

	<i>Number of cases known to have been dealt with</i>
Received operative treatment—	
(a) for diseases of the ear	54
(b) for adenoids and chronic tonsillitis	2,472
(c) for other nose and throat conditions	137
Received other forms of treatment	1,032
	<hr/>
Total	3,695
	<hr/>

Total number of pupils in schools who are known to have been provided with hearing aids—

(a) in 1965	32
(b) in previous years	246

Table C.—Orthopaedic and Postural Defects

	<i>Number of cases known to have been treated</i>
(a) Pupils treated at clinics or out-patients' departments	2,248
(b) Pupils treated at school for postural defects	12
	<hr/>
Total	2,260
	<hr/>

Table D.—Diseases of the Skin (excluding uncleanliness, for which see Table C of Part I)

							<i>Number of cases known to have been treated</i>
Ringworm—							
(a) Scalp	...	...	....	....	....	....	5
(b) Body	....	....	....	....	....	....	—
Scabies .....	....	....	....	....	....	....	—
Impetigo .....	....	....	....	....	....	....	3
Other skin diseases .....	....	....	....	....	....	....	1,235
						Total	1,243

Table E.—Child Guidance Treatment

							<i>Number of cases known to have been treated</i>
Pupils treated at Child Guidance Clinics .....	....	....	....	....	....	....	2,446

Table F.—Speech Therapy

							<i>Number of cases known to have been treated</i>
Pupils treated by Speech Therapists .....	....	....	....	....	....	....	1,568

Table G.—Other Treatment Given

							<i>Number of cases known to have been dealt with</i>
(a) Pupils with minor ailments .....	....	....	....	....	....	....	1,732
(b) Pupils who received convalescent treatment under School Health Service arrangements .....	....	....	....	....	....	....	124
(c) Pupils who received B.C.G. Vaccination .....	....	....	....	....	....	....	7,358
(d) Other than (a), (b) and (c) above							
Enuresis .....	....	....	....	....	....	....	81
						Total	9,295

Dental Inspection and Treatment Carried out by the Authority
Inspections

(a) Pupils inspected at school .....	.....	.....	.....	71,783
(b) Pupils inspected at clinic .....	.....	.....	.....	17,953
Number of (a) and (b) found to require treatment				42,493
(c) Pupils re-inspected at school clinic .....	.....	.....	.....	10,007
Number of (c) found to require treatment				5,725

Treatment

Pupils treated .....	.....	.....	.....	24,331
Additional courses of treatment commenced .....	.....	.....	.....	3,076
Courses of treatment completed .....	.....	.....	.....	20,740
Visits to school clinics for treatment .....	.....	.....	.....	62,007
Visits for emergency treatment .....	.....	.....	.....	2,920

Fillings :

(a) Permanent teeth .....	.....	.....	30,072
(b) Deciduous teeth .....	.....	.....	18,507
			48,579

Teeth filled :

(a) Permanent teeth .....	.....	.....	25,583
(b) Deciduous teeth .....	.....	.....	16,320
			41,903

Teeth extracted :

(a) Permanent teeth .....	.....	.....	3,376
(b) Deciduous teeth .....	.....	.....	11,844
			15,220

General anaesthetics administered—by dental officers .....	.....	.....	172
		total .....	.....
		.....	5,634
Pupils X-rayed .....	.....	.....	.....
			1,291
Prophylaxis .....	.....	.....	.....
			4,253
Teeth otherwise conserved .....	.....	.....	.....
			6,386
Teeth root filled .....	.....	.....	.....
			99
Inlays .....	.....	.....	.....
			12
Crowns .....	.....	.....	.....
			87

Orthodontics

Cases remaining from previous year .....	.....	.....	.....	301
New cases commenced during year .....	.....	.....	.....	646
Cases completed during year .....	.....	.....	.....	270
Cases discontinued during year .....	.....	.....	.....	59
No. of removable appliances fitted .....	.....	.....	.....	623
No. of fixed appliances fitted .....	.....	.....	.....	16
Pupils referred to Hospital Consultant .....	.....	.....	.....	193

Prosthetics

Pupils supplied with full upper or lower dentures (first time) .....	.....	.....	.....	8
Pupils supplied with other dentures (first time) .....	.....	.....	.....	103
Number of dentures supplied .....	.....	.....	.....	122

Sessions

Sessions devoted to treatment .....	.....	.....	.....	9,953
Sessions devoted to inspection .....	.....	.....	.....	1,401
Sessions devoted to Dental Health Education .....	.....	.....	.....	105

Child Guidance Tables, 1965

Table 1—Cases referred, treated and closed at each clinic

	Colchester	Chelmsford	Basildon	Grays	Harlow	All Clinics
Cases referred during 1965	228	341	419	171	217	1,376
Cases closed during 1965—						
Treatment complete	31	224	51	60	52	418
Treatment incomplete	87	74	634	26	31	852
Not treated	70	97	60	52	53	332
Total	188	395	745	138	136	1,602
Cases on the books at the end of 1965—						
Awaiting first appointment	26	5	47	4	24	106
Under treatment	58	349	634	96	182	1,319
Others	195	—	153	130	127	605
Total	279	354	834	230	333	2,030

Table 2—Cases referred by age, sex and Division

Division	Under 5		Over 5		Total
	Boys	Girls	Boys	Girls	
North-East Essex	10	2	81	37	130
Mid-Essex	14	10	178	114	316
South-East Essex	12	10	86	35	143
West Essex	2	1	42	19	64
Harlow	13	7	110	47	177
Thurrock	6	5	103	57	171
Basildon	33	15	152	77	277
Colchester	2	2	62	32	98
Total	92	52	814	418	1,376

APPENDIX C

Children on the Handicapped Pupils Register

Sole or major handicap	Newly assessed as handicapped in 1965	Receiving special educational treatment						On register but not requiring special educational treatment		
		At day special schools		At residential special schools*		At ordinary schools Elsewhere		Total all ages	Total under 5 years	All ages
		All ages	Under 5 years	At day special schools	At residential special schools*	At ordinary schools Elsewhere	Total all ages	29	1	3
Blind	2	2	1	26	—	2	29	1	3	—
Partially sighted	6	1	10	22	2	—	34	—	4	—
Deaf	6	2	13	23	—	1	37	5	3	1
Partially Hearing	38	15	30	35	12	6	83	7	18	7
Physically Handicapped	38	9	38	99	2	24	163	2	33	6
Delicate	54	2	80	108	—	5	193	—	16	—
Maladjusted	79	1	205	2	11	219	—	—	45	—
Educationally sub-normal	243	9	592	263	97	9	958	3	241	5
Epileptic	4	—	—	12	—	—	12	—	4	—
Speech Defects	17	6	—	6	—	2	8	2	11	3
Total Children ..	487	46	765	799	115	60	1,736	20	378	25
										404
										19

* Including independent boarding schools.

APPENDIX D

Notification of Infectious and Other Notifiable Diseases in Children between ages of 5 and 15, 1965

Division	Diseases										Total
	Scarlet Fever	Whooping Cough	Acute Poliomyelitis	Measles	Dysentery	Fool Poisoning	Tuberculosis Other	Tuberculosis Respiratory	Acute Pneumonia	Others*	
North-East Essex	79	20	—	1,110	2	—	—	—	5	1	1,218
Mid-Essex	95	21	—	1,378	3	4	2	—	1	—	1,504
South-East Essex	123	13	—	829	2	—	—	1	13	—	981
West Essex	62	19	—	1,190	22	9	3	1	1	—	1,307
Harlow	73	19	—	615	13	4	11	—	7	—	742
Thurrock	51	7	—	748	—	—	2	—	—	14	1
Basildon	72	13	—	638	2	—	—	—	—	1	823
Colchester	40	30	—	405	35	—	—	—	—	—	510
Total	595	142	—	6,913	79	17	19	2	42	3	7,812

*One case each of Typhoid Fever, Erysipelas and Acute Encephalitis, post-infectious

APPENDIX E

The following report by the Senior Organisers of Physical Education has been submitted by the Chief Education Officer

Although Essex County has lost so many of its schools to Greater London Authorities, the fact that the school building programme is ever increasing means that there is no reduction in the work to be done. The ideas, and enthusiasm to develop physical education still further in Essex are not lacking, but trying to fulfil the desire to build schools with, a gymnasium equipped with apparatus, a sports hall, and a covered swimming bath within the cost allowed, taxes the Advisers and the Architects almost to the limit. It would be a tragedy if any of these facilities had to be deleted, as instead of being amongst the leaders in this field, Essex would fall far behind.

As Essex lost so much of its area the Physical Education Advising staff was reduced and the services of Mr. A. G. Pace, Mr. D. Taylor, Miss J. Mills and Miss Hunter were lost to the County. Mr. Taylor and Mr. Pace were appointed Senior Advisers to Redbridge and Havering respectively, and Miss Mills as assistant to Mr. Pace. Miss Hunter left the country to lecture in a Canadian University. There is now only a staff of six (which includes the Senior Advisers) to cover the County.

A new addition to the growing number of Essex County Schools Sports Associations, is the Table Tennis Association. In March, by the kind permission of Mr. B. Harvey, the Principal, the finals of the Essex Schools Team Championship were staged in the magnificent sports hall of the Writtle Institute of Agriculture. Over 180 teams from all Divisions took part and it was an inspiring sight with so many tables and so many enthusiastic and talented boys and girls competing. The standard of play was extremely high, as befits the juniors of the Champion County. Next year a new age group 17-18 years will compete.

All the other Associations played as usual in County and National competitions. Perhaps worthy of note amongst their achievements are:—

Trampolining	Essex now holds the majority of the schools' championships.
Badminton	Essex teams are competing against other Counties, and entering competitors in the British Junior Championships. So many boys and girls are entering for the County Competitions that they have to be divided into two sections, and held in four centres.
Cricket	The Annual January Coaching Centres were held, and, as usual, enthusiastically supported. A Danish Schoolboys' XI played an Essex Schoolboys XI on the County ground at Chelmsford by the kind permission of Essex C.C.C. The match was drawn, rather in favour of the Danes.

Tennis An approach was made to the Essex County Lawn Tennis Association to see if a schools' section could be formed. After several meetings the Essex L.T.A. agreed that a representative, with a place on the Committee, should be appointed, to organise tournaments for affiliated schools. The first tournament was held in July at the Gidea Park L.T.C. for boys and girls under 16 years of age, the object being to encourage younger children. It was very well supported, and was a great success.

The opening of the new Chelmsford Municipal Swimming Baths enabled more children in that area to swim and to continue their lessons throughout the winter. It is quite essential that other towns build similar covered baths. Building has begun on a new bath in Basildon which will be opened next year and the resulting benefit from these two pools will soon be felt.

Much thought is being given to the provision of an Adventure Training Centre situated in mountainous country. The appointment of two Adventure Training Organisers by the Service of Youth, who work in close co-operation with the schools, is bound to arouse still more enthusiasm for this kind of training. They also take teachers courses on sailing, canoeing, climbing, etc.

A large number of teachers from all parts of the County attended a Conference on the teaching of Judo, at Harlow Sports Centre, which was conducted by the National Judo Coach. As a result, the teaching of Judo will reach a higher standard, and interest in the subject is likely to become more widespread.

The Royal Ballet have formed a Demonstration Group that is part of the Royal Ballet Touring Company and it was decided to arrange a performance for parties of secondary school children in South-East Essex. The very high standard of the dances, the accompanying explanations, and the lecture on the development of Ballet were enjoyed by staff and children alike.

Amongst the problems confronting educationalists is the one of staff shortages, and this is so acute in South-East Essex that unqualified—but intending—teachers have been appointed in the primary schools. Two courses to give these teachers some ideas on the teaching of physical education were well supported. The students appreciated seeing classes of children being taught gymnastics, games and dancing, and were anxious to obtain all possible information in the discussions that followed.

It is almost superfluous to say that the usual gymnastics, dancing, athletics and games are being taught in schools as enthusiastically as ever, and the widening of the scope of physical education now enables boys and girls who do not take to these traditional activities to find some other healthy recreation which they can enjoy after they have left school.

APPENDIX F

Report by Mr. B. R. Head, Senior Peripatetic Teacher of the Partially Hearing on the Peripatetic Teaching of Partially Hearing Children.

At the beginning of the year, the number of children known to the peripatetic teachers exceeded three hundred but with the formation of the new London Boroughs this number fell to less than two hundred on April 1st. On this date, one of the teachers, Miss H. C. Hodges, left to join the Borough of Barking. Mr. J. H. Stanway was appointed in Miss Hodges' place and took up his duties in May.

This year saw the opening of the Audiology Clinics in Colchester, Chelmsford and Rayleigh.

A teacher attends each clinic and assists the Otologist in charge. In the case of pre-school children it is never possible to make an immediate assessment of the degree of deafness and the child's needs and, in many cases, it is necessary for the teacher to follow-up the child at home in order to add to the information obtained at the clinic. This was an extra demand on the time of the teachers who were already fully employed and the Education Committee has established a fourth post which, however, has not as yet been filled.

At the end of 1965, the numbers of partially hearing children known to the peripatetic teachers were as follows :—

Pre-School .....	.....	.....	.....	.....	.....	.....	42
Primary .....	.....	.....	.....	.....	.....	.....	94
Secondary .....	.....	.....	.....	.....	.....	.....	55

It is a measure of the growing efficiency of the ascertainment procedures that, at the end of 1965, the number of partially hearing children is only twenty fewer than in 1963, notwithstanding the loss of the densely populated London Boroughs.

APPENDIX G

School Meals

Miss A. J. Halsall, The School Meals Organiser, reports as follows :—

The number of schoolchildren having meals on a typical day in September, 1965, was 100,382, the percentage of children having meals being 65% of school attendance. The comparison of these with the return for last year of course must take into account the reorganisation of the County. The increase in the percentage is partly accounted for by increased total numbers and partly by the loss of areas where the percentage was considerably below the previous County average. It is interesting to note that during the year there has been a steady increase in the number of children having meals. The charge for school dinners to day pupils at maintained schools has remained at 1s. 0d.

17 new kitchens have been opened during the year, either at new schools or in old schools which have been remodelled. Two new training kitchens, one in Chelmsford and one at Runnymede Hostel, Thundersley, have extended the facilities for the training of school meals staff and the number of staff attending regular courses has continued to increase.

The Department of Education and Science set up a Working Party to report on the nutritional standard of the school dinner and Miss Halsall, the County School Meals Organiser, was invited to serve on this Working Party. A report has now been published and various changes in the nutritional policy have been discussed and will be implemented in due course.

A summary of the relative figures on the consumption of milk and meals is given below :—

Date of Return	No. of pupils	No. having dinner	Per cent of pupils having dinner	No. having milk	Per cent of pupils having milk
Autumn 1955	243,523	124,833	51.3	208,781	85.2
Autumn 1960	268,317	141,158	52.6	218,427	81.3
Autumn 1961	273,139	143,444	52.5	223,879	81.9
Autumn 1962	266,838	147,569	55.3	220,007	82.2
Autumn 1963	261,110	147,668	56.5	217,203	80.8
Autumn 1964	271,695	161,461	59.4	220,913	81.1
Autumn 1965	154,360	100,382	65.0	122,847	79.5

APPENDIX H

MINOR AILMENT CLINICS

COLCHESTER (DELEGATED)

Health Services Clinic, Shrub End, Colchester	Fridays p.m.
School Clinic, Trinity Street, Colchester	Mondays to Fridays p.m.
Health Services Clinic, Queen Elizabeth Way, Colchester	Wednesdays p.m.

NORTH-EAST ESSEX DIVISION

Health Services Clinic, 407 Main Road, Dovercourt	Tuesdays a.m.
Health Services Clinic, Colchester Road, Halstead	Wednesdays a.m.
Health Services Clinic, 31 Skelmersdale Road, Clacton-on-Sea	Mondays p.m.
New Church Schoolroom, Brightlingsea	Wednesdays p.m. { In conjunction with C.W.C.s

MID-ESSEX DIVISION

Health Services Clinic, Coggeshall Road, Braintree	Tuesdays a.m.
Health Services Clinic, Burnham-on- Crouch	4th Friday a.m.
Health Services Clinic, Coval Lane, Chelmsford	Mondays a.m.
Health Services Clinic, Wantz Chase, Maldon	1st, 3rd and 5th Fridays a.m.
Health Services Clinic, Melbourne Avenue, Chelmsford	2nd Tuesday a.m.
St. Peter's Room, Coggeshall	4th Monday a.m.
St. Mary's, Kelvedon	3rd Friday a.m.
Health Services Clinic, Guithavon Street, Witham	1st and 3rd Thursday, a.m.
Health Services Clinic, 39 Queen's Road, Brentwood	Tuesdays a.m.
Health Services Clinic, Cherry Avenue, Brentwood	1st, 3rd and 5th Tuesdays a.m.
Health Services Clinic, Coram Green, Hutton, Brentwood	Wednesdays a.m.

SOUTH-EAST ESSEX DIVISION

Health Services Clinic, Great Wakering	Mondays a.m.
Health Services Clinic, Rocheway, Rochford	Tuesdays a.m.
Health Services Clinic, Eastwood Road, Rayleigh	Tuesdays and alternate Saturdays a.m.
Health Services Clinic, Kenneth Road, Thundersley	Thursdays a.m.
Health Services Clinic, Furtherwick Road, Canvey Island	Mondays a.m.
Health Services Clinic, High Road, South Benfleet	2nd, 3rd and 5th Fridays a.m.
Health Services Clinic, London Road, Hadleigh	Tuesdays a.m.
Health Services Clinic, Spa Road, Hockley	2nd and 4th Wednesdays a.m.

THURROCK DIVISION

Health Services Clinic, Hall Road, Aveley, South Ockendon	Thursdays a.m.
Health Services Clinic, London Road, Purfleet	1st Tuesday p.m.
Health Services Clinic, Grays Park, Bridge Road, Grays	Wednesdays a.m.
Health Services Clinic, Newton Road, Tilbury	Fridays a.m.
St. Margaret's Hall, Corringham Road, Stanford-le-Hope	1st, 3rd, 4th and 5th Thursdays a.m.
107 South Road, South Ockendon	Mondays a.m.
Health Services Clinic, Stifford Long Lane, Grays	Thursdays a.m.
Health Services Clinic, River View, Chadwell St. Mary	Mondays a.m.
Health Centre, Darenth Lane, South Ockendon	Tuesdays and Fridays a.m.
Health Services Clinic, Community Centre, Horndon-on-the-Hill	1st Thursday p.m.

WEST ESSEX DIVISION

Health Services Clinic, 56 New Street, Dunmow	2nd Monday a.m.
Health Services Clinic, 15 Regent Road, Epping	1st and 3rd Tuesdays a.m.
Health Services Clinic, Loughton Hall, Rectory Lane, Loughton	Wednesdays a.m.
Health Services Clinic, 69 High Street, Saffron Walden	Every Wednesday a.m. except last in each month
Central Hall, Stansted	2nd Thursday a.m.
Health Services Clinic, The Cedars, Sewardstone Road, Waltham Abbey	2nd and 4th Tuesdays a.m.
Health Services Clinic, Bowes Field, Ongar	1st Tuesday, a.m.

HARLOW DIVISION

Addison House, Fourth Avenue, Harlow	Alternate Thursdays a.m.
Nuffield House, The Stow, Harlow	Alternate Fridays a.m.
Keats House, Bush Fair, Harlow	Every Wednesday a.m.

BASILDON DIVISION

Health Services Clinic, Laindon Road, Billericay	Thursdays a.m.
Health Services Clinic, Craylands, Timber- log Lane, Basildon	Wednesdays a.m.
Health Services Clinic, Great Oaks, Basildon	Fridays a.m.
Health Services Clinic, Florence Road, Laindon	Tuesdays a.m.
Health Services Clinic, High Road, Pitsea	Thursdays a.m.
Health Services Clinic, Nevendon Road, Wickford	Mondays a.m.

SPECIALIST CLINICS

Type of Clinic	No. of Sessions Monthly	Name of Specialist
Colchester Division :		
Ophthalmic	14	Dr. H. S. Sweet
North-East Essex Division :		
Ophthalmic	8	Dr. H. S. Sweet
Ear, Nose and Throat	1	Mr. J. M. Green
Audiology	2	Mr. S. E. M. Bates
Mid-Essex Division :		
Ophthalmic	43	Dr. A. H. Staples Mr. Das-Gupta Dr. J. J. Reilly Dr. H. S. Sweet Mr. Paton
Orthopaedic	12	Mr. H. A. H. Harris Mr. D. M. Dunn Mr. Hume
Audiology	2	Mr. S. E. M. Bates
South-East Essex Division :		
Ophthalmic	7	Dr. B. C. Dench
Audiology	2	Mr. S. E. M. Bates
Thurrock Division:		
Ophthalmic	14	Dr. W. H. Clark
	In addition there are 16 Orthoptic sessions a month	
West Essex Division:		
Ophthalmic	6	Dr. A. G. Karseras Dr. W. Laybourne
Orthopaedic	1	Mr. K. Dalliwall
	In addition there are 2 Physiotherapy and 2 Orthoptic sessions a week	
Harlow Division :		
Orthopaedic	4	Mr. G. R. Fisk Mr. H. Poirica
Basildon Division :		
Ophthalmic	7	Dr. B. G. Dias Dr. W. H. Clark

CHILD GUIDANCE CLINICS

Address of clinic (1)	Estimated population served (2)	Establishment of staff		Posts filled as at 31.12.65 (4)	No. Weekly Sessions (5)
		(3)	(4)		
Winsley House, High Street Colchester	30,000	Psychiatrists (Part-time—9 sessions weekly) Psychologists (Full-time—2) Psychiatric Social Workers (Full-time—2) Psychotherapist (Full-time—1) Remedial Teacher (Full-time—1) Clerks (Full-time—3)	.... .... .... .... .... ....	.... .... .... .... .... ....	3 (9 sessions) 2 2 1 — 3
146 Broomfield Road. Chelmsford	38,250	Psychiatrists (Part-time—9 sessions weekly) Psychologists (Full-time—2) Psychiatric Social Workers (Full-time—2) Psychotherapist (Full-time—1) Remedial Teacher (Full-time—1) Clerks (Full-time—4)	.... .... .... .... .... ....	.... .... .... .... .... ....	2 2 4 — 3 (part-time) 2 (full-time) 3 (part-time)
Great Oaks Basildon	38,000	Psychiatrists (Part-time—6 sessions weekly + 2 temporary sessions) Psychologist (Full-time—2) Psychiatric Social Workers (Full-time—3) Psychotherapist (Full-time—1) *Remedial Teacher (Full-time—4) Clerks (Full-time—4) Social Worker	.... .... .... .... .... .... ....	.... .... .... .... .... .... ....	2 1 — 1 4 3 1

*Also working in School Psychological Service

CHILD GUIDANCE CLINICS—continued

Address of clinic (1)	Estimated population served (2)	Establishment of staff (3)	Posts filled as at 31.12.65 (4)	No. Weekly Sessions (5)
Whitehall Cottage Whitehall Lane Grays	20,500	Psychiatrists (Part-time—6 sessions weekly) Psychologists (Full-time—2) Psychiatric Social Workers (Full-time—2) Psychotherapists (Part-time—9 sessions weekly) Social Workers (qualified) Clerks (Full-time—1 and Part-time—2 x 20 hours) Peripatetic Remedial Teacher (Full-time—1) Play Therapist	..... ..... ..... ..... ..... ..... ..... .....	3 (6 sessions) 2 — — — 1 1 1
Galen House Town Centre Harlow	19,500	Psychiatrists (Part-time—6 sessions weekly) Psychologist (Full-time—1) Psychiatric Social Worker (Full-time—2) Psychotherapist (Full-time—1) Clerks (Full-time—2)	..... ..... ..... ..... .....	1 (6 sessions) 1 (8 sessions) 2 (1 full-time, 1 part-time) 1 2

